2 CAN 87 State of Nevada

Topic Startill	5 ta te So.	w+-e	
Candidate's Name(print)	Office	Distr	ict (if applicable)
X329 SqUAW JA/lev	LUINU	89128	254-5437
Mailing Address (include city and zip code)	/	Telep	phone Number

REPORT NUMBER 2 - DUE OCTOBER 31, 2000

Report Period Begins: August 24, 2000 Report Period Ends: October 25, 2000

CONTRIBUTIONS SUMMARY

1. From Report Number 1, total amount of contributions in excess of \$100	34,941.06
2. From Report Number 1, total amount of contributions of \$100 or less	1,550,00
3. Report Number 2, amount of contributions in excess of \$100	45,820.89
4. Report Number 2, total amount of contributions of \$100 or less	2,060.00
From Report Numbers 1 and 2, actual number of	
contributions of \$100 or less _52	\$ 0
5. Interest and income earned, if any, during this report period	_ 48.00
6. TOTAL AMOUNT OF ALL CONTRIBUTIONS	55 / 11 00
(add lines 1 through 5)	84,419.95

EXPENSES SUMMARY

7. From Report Number 1, total amount of expenses in excess of \$100	<u> </u>
8. From Report Number 1, total amount of expenses of \$100 or less	<u> 2,453,33</u>
9. Report Number 2, total amount of expenses in excess of \$100	37,528.24
10. Report Number 2, total amount of expenses of \$100 or less	4,280.96
11. TOTAL AMOUNT OF ALL EXPENSES	51,034.91
(add lines 7 through 10)	700 7
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If no c	contributions or expenses are listed during this Report Period, only this page of the repo	rt needs	to⊞e	filed with you
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I declare under penalty of perjury that the foregoing is true and correct.

Total number of pages for this report

Prescribed by Secretary of State NRS 294A.120, 294A.200

EL201.002(rev. 04/00)